

Commonwealth of Pennsylvania



Campaign Finance Report

248330

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 8700109		Report Filed By :		CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: LOCAL 0420 IRONWORKERS - IPAL								
Street Address: 1645 FAIRVIEW ST								
City: READING				State: PA		Zip Code: 19606-0000		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-3.	AMENDMENT REPORT?	
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-6.	TERMINATION REPORT?	
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/> DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	
				MO	DAY	YEAR		
				11	8	2016	(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR
		5	17	2016	TO	9	19	2016
A. Amount Brought Forward From Last Report				\$ 21,627.59				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 8,238.58				
C. Total Funds Available (Sum Of Lines A and B)				\$ 29,866.17				
D. Total Expenditures (From Schedule III)				\$ 12,000.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 17,866.17				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of

Sept

20

16

My Commission Expires

11/14/19

Signature

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
JODI A. HOYKAISER, Notary Public
City of Cressona, Schuylkill County

Signature of Person Submitting Report

CARL BASKIN

Printed Name

CBASKIN 420 @ YAHOO.COM

Email

610-373-7090

Area Code

Daytime Telephone Number

Part II - If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1917 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of

20

My Commission Expires

Signature

MO

DAY

YR

Signature of Candidate

Printed Name

Email

Area Code

Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate LOCAL 0420 IRONWORKERS - IPAL	Reporting Period From: <u>5/17/2016</u> To: <u>9/19/2016</u>
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1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor

TOTAL for the Reporting Period (1)	\$ 7,738.58
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2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)

Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)

Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)

TOTAL for the Reporting Period (4)	\$ 500.00
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Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 8,238.58
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period		
			From:		To:
			DATE		AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			\$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
 \$50.01 to \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate			Reporting Period			
			From: To:			
			DATE AMOUNT			
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

Use this Part to itemize only contributions received from Political committees
with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		
				\$ 0.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0420 IRONWORKERS - IPAL	From: <u>5/17/2016</u> To: <u>9/19/2016</u>

				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
BARRY JOZWIAK							
Mailing Address PO BOX 75							\$ 500.00
City BOYERTOWN	State PA	Zip Code (Plus 4) 19512		9	1	2016	
Receipt Description RETURNED CHECK							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 500.00

SCHEDULE II
IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate LOCAL 0420 IRONWORKERS - IPAL	Reporting Period From: <u>5/17/2016</u> To: <u>9/19/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0420 IRONWORKERS - IPAL	From <u>5/17/2016</u> To: <u>9/19/2016</u>

			DATE	AMOUNT		
To Whom Paid CITIZENS FOR PAT BROWNE			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 792			5	26	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF STEVEN SWEENEY			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 300 NORTH MERION AVENUE			5	26	2016	
City WENONAH	State NJ	Zip Code (Plus 4) 08090	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF JOANNE JACKSON			MO	DAY	YEAR	\$ 500.00
Mailing Address 4195 ESTATES DRIVE			7	28	2016	
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF STEVEN SWEENEY			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 300 NORTH MERION AVENUE			7	28	2016	
City WENONAH	State NJ	Zip Code (Plus 4) 08090	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF DAN MCNEIL			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 826			7	28	2016	
City WHITEHALL	State PA	Zip Code (Plus 4) 18052	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF MARK ROSSI			MO	DAY	YEAR	
Mailing Address 4320 BANOR DRIVE			7	28	2016	
City READING	State PA	Zip Code (Plus 4) 19605	Description of Expenditure CONTRIBUTION			

To Whom Paid SCHUYKILL COUNTY DEMOCRATIC COMMITTEE			MO	DAY	YEAR	
Mailing Address PO BOX 66			7	28	2016	
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure CONTRIBUTION			

To Whom Paid ARMSTRONG FOR PA			MO	DAY	YEAR	
Mailing Address PO BOX 393			8	11	2016	
City WHITEHALL	State PA	Zip Code (Plus 4) 18052	Description of Expenditure CONTRIBUTION			

To Whom Paid ARGALL FOR STATE SENATOR			MO	DAY	YEAR	
Mailing Address 100 NORTH CENTRE STREET			9	1	2016	
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 12,000.00

